

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/774021 FILING DATE
APPLICANT(S)

21/5106

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
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37				
38				
39				
40				
41				
42				
43				
44				
45				
46	1			
47		1		
48			1	
49				1
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52	1							
53		1						
54		1						
55		1						
56		1						
57		1						
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90		1						
91		1						
92		1						
93		1						
94		1						
95		1						
96		1						
97		1						
98		1						
99		1						
100		1						
TOTAL IND.		12						
TOTAL DEP.		12						
TOTAL CLAIMS		14						